



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
2250 STANLEY ROAD  
FORT SAM HOUSTON, TEXAS 78234-6100

MCCS-H

14 October 2005

MEMORANDUM FOR Academy of Health Sciences Personnel

SUBJECT: AHS Training Philosophy and Priorities for Fiscal Year 2006 (FY 06)

1. Our exceptionally talented AHS' personnel provide world class medical, doctrinal, operational, and leadership training for Army Medical Department (AMEDD) personnel assigned or deployed throughout the world. Instructional material provided through our classroom and distance learning (DL) programs must be current, relevant, and contain the appropriate Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) lessons learned in order to meet the many complex and diverse educational requirements necessary for Army, Air Force, Navy, Reserve, and National Guard personnel to accomplish their mission to the highest standard. Based on the current fast-paced global environment, we must enhance the outstanding training provided within the four walls of the US Army Medical Department Center and School (AMEDDC&S) by utilizing new technologies and innovative DL educational techniques. These include outreach and "just in time" training courses which can further ensure our AMEDD personnel are the best prepared to accomplish their mission to the highest standard. We owe the Soldier, their families, and the American public no less.
2. Embracing and effecting change is still our number one priority. Although very challenging, our AHS' personnel are successfully transitioning the organization from the old "Cold War" method of conducting business to the new "Global War on Terrorism" mode where the rapid development and dissemination of training products and information is paramount. Additionally, the Base Realignment and Closure (BRAC) Commission recently announced that the AMEDDC&S will be transformed into the Defense Medical Education and Training Center (DMETC); the flagship for national military medical training. Colonel Don Gagliano's transition team, working in concert with Air Force and Navy representatives, is developing a comprehensive implementation plan that will provide the foundation for this new organization. The DMETC organization will possess the best of all Services and impart the best techniques and technologies to the future medic serving Joint and Coalition Forces. Through innovation and positive thinking we will take advantage of this period of transformation to deliver the best possible training for our students. The measure of our success will lie in the number of America's sons and daughters saved by future medics on the battlefields of tomorrow.
3. America's moms and dads allow their sons and daughters to bravely serve this great nation, especially in time of war. These wonderful parents place a very special trust in us. They expect us to develop, support, and provide their children the most challenging and highest quality training ensuring they are best prepared to accomplish the mission on today's and tomorrow's battlefield to the highest standard. **"Operation Ensure Success"** describes the AHS' proactive training philosophy that meets these parents' high expectations. The goal of this program is to increase the overall graduation rate of all AMEDDC&S students. Providing these students the most challenging instruction in the proper educational atmosphere, utilizing the best teaching techniques and technology, and performing early assessments of progress is the foundation to this philosophy. We must KNOW our students' strengths and weaknesses. We must identify academic and nonacademic issues early and address these concerns through educational prescriptions, administrative action by our faculty, and, if necessary, the chain of command to offer the student the best chance of success. Soldiers with the ability to meet, or exceed academic standards, but who develop reversible problems that negatively impact their performance, deserve the opportunity to successfully complete their coursework. It is our duty as faculty to work with these students and ensure their success. We must identify problems

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affecting their performance and help them through the tough situations. One point worth emphasizing is that the lowering of standards is NOT part of this philosophy.

4. The graduation rate for the AHS has remained relatively stable at 88% for the past 4 years. By the time the Soldier arrives at Fort Sam Houston, the United States taxpayer has invested over \$25,000 in their development. We must collectively take a serious look at our current graduation rate and examine potential ways of mitigating or eliminating the many confounding variables that negatively impact that rate. The approach we will take is very proactive, beginning the day a student arrives at Fort Sam Houston. Soldiers arriving early for class must be enrolled and allowed to participate in the "Student Awaiting Training" program. The major tenants of "**Operation Ensure Success**" are to ensure we provide a challenging and rewarding educational experience to our students and to decrease the many variables that negatively impact performance in the classroom. Faculty and chiefs must monitor student performance starting on Day One of class, NOT when the student fails his/her first test, or after graduation statistics are reported. *Proactivity* and NOT *reactivity* is the cornerstone to "**Operation Ensure Success**" and the cornerstone to delivering competent, confident combat medics to serve as effective combat multipliers on modern-day and future battlefields. This policy is consistent with the Army's overall Soldier investment strategy.

5. Academy of Health Sciences' Focus Areas for FY 06 include:

- a. Support the Soldier and Army at War.
- b. Army Transformation.
- c. EMBRACING CHANGE.
- d. Leadership/Warrior ethos.
- e. Ethics/Cultural awareness/Detainee care training.
- f. Curriculum (current and relevant).
- g. BRAC.
- h. Accreditation.
- i. Research.
- j. Technology/teaching methods/faculty development.
- k. Collaboration.
- l. Outreach program.
- m. Graduation rate.
- n. Marketing.
- o. IM/IT Education and Training Strategy for AMEDD
- p. Life-cycle model training

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6. I will briefly describe some of these focus areas in the following bullets.

a. Soldier support/supporting both an Army at war and an Army that is Transforming.

(1) Warrior training. Academic success is our number one priority. We must produce the best trained Soldier so they can support the Soldier and their family at home and abroad. We have the additional responsibility to train soldiers to care for themselves on the battlefield. Complete incorporation of the Warrior Ethos Training package into our curriculum will accomplish that goal.

(2) Ethics/Detainee care-Use our interim Ethics/Detainee care CD-ROM to improve your training program. Each AHS course will provide the appropriate amount of instruction to ensure their students comprehend the material.

(3) Culture Awareness training-Our leadership courses must incorporate the new Culture Awareness Training requirements from TRADOC in their curriculum.

(4) Exportable training packages ("Just-in-time" training). Last year the focus was on the TOE soldier (Brigade Surgeon Course, Leadership training, TC3, Compassion Fatigue, Combat Application Tourniquet System training/Extremity Hemorrhage control, and Ethics-Detainee Care). This year our focus will shift to our MTFs. What can we do to support education and training programs at our MTFs? For example, how can we help develop our leaders (service/department chief, wardmaster, head nurse, OIC, etc.)? Let me know your great ideas.

(5) Incorporating OEF/OIF lessons learned into the classroom quickly. The rapid dissemination of information is vital for Soldiers to accomplish their mission to the highest standard. A lesson learned on the battlefield today must be in the classroom tomorrow. Fine tune your systems to make this process easy.

(6) Mobile training teams. Several teams from the AHS provided world-class training last year. Expect this mission will continue at the present level and may even grow.

(7) Trauma training. We are developing a corporate AMEDD strategy. This strategy will combine didactics, hands-on training, simulation training and live patient care to enhance AMEDD personnel's trauma skills. Review your program and inform us of recommendations to improve training for your AOC/MOS as appropriate.

(8) Simulation training. We developed a standardized AMEDD program-Medical Simulation Training Centers. Implementation/upgrades will occur over the next 2 years. This program will help with life-saving and trauma training. COL Pat Hastings' personnel at the Director of Combat Medic Training are developing the standard training package for these centers.

(9) We are developing the Education and Training IM/IT strategy for the AMEDD.

(10) Army Transformation education. As the Army transforms (Task Force Mod, Task Force Med, Task Force Aviation, ARFORGEN model, etc.) we must educate our personnel regarding the changes and ensure they are prepared to succeed in their new roles/missions.

(11) Life cycle model charts are dated. The world has changed markedly. Keeping this fact in mind, please review the training requirements of each Corps, how and when we meet these requirements, and make recommendations to best prepare our AMEDD personnel.

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b. Top to bottom review of courses.

(1) Current critical task lists, curriculum committee meetings, student evaluation plans, lesson plans, and programs of instruction for all courses.

(2) Assess and enhance training at Phase 2 sites.

(3) Review teaching/evaluating/grading methodologies for each lecture/course.

(4) DL vs. Residence. What is the optimum ratio in our leadership courses?

(5) Systems/policies/procedures review.

(6) Life cycle model training-Review our present method/sequence/timing of training and provide recommendations for improvement.

c. Implement innovative technologies/techniques for classroom support and instruction. What is the best way to train our students? What technology is available to help? What virtual technology is out there? As we build our new campus we need to research the literature to develop the best "classroom of the future."

d. Continuing Medical Education/Continuing Education credit. Develop a user friendly system to provide credit for all teaching activities/Post-Professional Short Course Program/correspondence courses/exportable training packages, etc.

e. Research/grant writing. Improve our research program and develop a system to obtain additional grants. Increase collaborative efforts within AHS, within the AMEDDC&S, our MTFs and with other institutions.

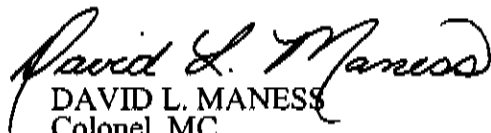
f. Graduation rate. Review your training programs and focus on ways to improve the chances for all AMEDDC&S students to successfully graduate.

g. Accreditation. Ensure your area is prepared for the upcoming Council on Occupational Education site visit.

h. Marketing. Market AMEDDC&S and maintain an open line of communication with AMEDD personnel (the 1-800-AMEDDC&S concept like the commercial).

7. Make change your friend and take your program to the next level. Take advantage of this once-in-a-lifetime opportunity and make the DMETC the premier medical training facility in the world. Thank you so very much for the great work you do every day to train the best Soldier-medics in the world.

Be positive, have fun, and make a difference!

  
DAVID L. MANESS  
Colonel, MC  
Dean, Academy of Health Sciences